



Manchester Health Department
795 Elm St., Suite 302
Manchester, NH 03101
Tel: (603) 624-6466 / Fax: (603) 624-6584

II

PROCEDURE INFORMATION SHEET

Name: _____ DOB: _____ Grade: _____ School: _____

Procedure: _____

Frequency: _____ Times: _____

Position of student during procedure: _____

Ability of the student to assist/perform procedure: _____

Suggested setting for procedure: _____

Equipment (include make and model when applicable): _____

| Daily: | Emergency: |
|--------|------------|
| | |
| | |
| | |
| | |
| | |

Checked by: _____

Checked by: _____

Storage: _____

Storage: _____

Maintenance: _____

Maintenance: _____

Home care company: _____

Home care company: _____

Child specific techniques and helpful hints: _____

Procedural considerations and precautions: _____

